A Year of Progress

Working together to save lives

Trillium Gift of Life Network

2005-2006 Annual Report

Ontario

Trillium Gift of Life Network

Mission

This year, the Board of Trillium Gift of Life Network committed to revisiting the organizational Mission in order to increase the focus on saving lives through increased organ and tissue donation.

However, for the purposes of this annual report the TGLN Mission remains as follows:

- To enable every Ontario resident to make an informed decision to donate organs and tissue, and to support healthcare professionals in implementing those wishes
- To maximize organ and tissue donation in Ontario in a respectful and equitable manner through education, research, service and support.

Vision

To be a world-class organization that enhances and saves lives through organ and tissue donation for transplantation.

Values

Trillium Gift of Life Network is an effective, innovative leader in organ and tissue donation. The organization works in an environment of honesty, trust, respect, compassion and cooperation.

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Letter of Transmittal to Minister from Chair

October 30, 2006

The Honourable George Smitherman
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario
M7A 2C4

Dear Minister,

Pursuant to the Trillium Gift of Life Network Act 2000, c.39, s.5, section 8.15 (1), on behalf of the Board of Directors of Trillium Gift of Life Network (TGLN), I respectfully submit our 2005-2006 Annual Report.

We are pleased to report on the progress of TGLN in 2005-2006 as we put the pieces in place to save more lives by increasing organ and tissue donations in the province. While we are pleased to report an increase in deceased organ donations in this fiscal year, we also understand the need to not only sustain this number but to significantly increase the number of organs and tissue available for transplantation. We are grateful for your continued support and the efforts of your staff in the Ministry of Health and Long-Term Care, the commitment of our stakeholders, as well as the hard work of our staff in achieving new milestones in our mandate.

We look forward to working with you to save more lives through organ and tissue donation and to achieve our goals set out in the 2006-2007 Business Plan.

Yours truly,

Sue Wilson
Chair, Board of Directors

Message from the Chair & CEO

The Annual Report of Trillium Gift of Life Network (TGLN) describes the activities and progress of the network for the fiscal year ending March 31, 2006.

Fiscal 2005-2006 was a period of program consolidation. With a full complement of staff in place, TGLN consolidated its provincial mandate as the single provincial referral centre for all organ and tissue donation functions; implemented the routine notification and request provisions of the Trillium Gift of Life Network Act; introduced "best practice guidelines" to donor programs throughout the province, and established a system for data collection and performance analysis.

TGLN activities in this period focused on four key strategies:

- Increasing the availability of organs and tissue for transplantation
- Implementing consistent donor practices across the province
- Defining and developing a provincial strategy for tissue donation
- Implementing an outcomes-based information management system

It is with a sense of achievement that we report the accomplishments for the fiscal year 2005-2006. In January 2006, TGLN reached another milestone in its evolution. The enactment of Part II.1 of the Trillium Gift of Life Act, by the provincial legislature, that is the routine notification and request components of the Act, allowed TGLN and its hospital partners to implement, after months of planning, a phased in approach to the routine notification and request provisions of the Act. Thirteen neuro-trauma hospitals in the province are now reporting to TGLN all deaths that occur in the emergency departments and critical care units of the hospital. If there is a potential for a deceased donation, a request is made to the family for organ and/ or tissue donation. While it is too early to know if this legislation will increase the number of deceased donors, early results show excellent compliance by our hospital partners, an increase in referrals, a significant increase in tissue donations and a small increase in organ donations.

A comprehensive Health Record Review (HRR) was undertaken in the fall of 2005 of all deaths in the emergency and critical care areas of the 13 neuro-trauma hospitals as well as several large community hospitals to determine donor potential as well as to identify steps in the donation process that could be improved in order to obtain better donation outcomes. It is significant to note that the HRR showed a conversion rate of 36% that is, only 36% of medically eligible donors became actual donors. TGLN has established a conversion rate of 75% as its goal for optimal performance. There is room for significant growth. This newly created database is the basis for the 2006-2007 Business Plan as well as serving as a useful tool to measure ongoing performance.

TGLN continued its participation in the Breakthrough Collaborative, a program sponsored by the United States Government Department of Health and Human Resources which encourages organ procurement organizations to share and adapt best practices and promote rapid integration of these practices. With the knowledge gained, "best practice guidelines" are being introduced to donation programs throughout the province. This initiative will ensure consistent practices throughout the province and it is anticipated that it will raise the conversion rate to a more acceptable level.

TGLN, at the request of the Ministry of Health and Long Term Care (MOHLTC), is in the process of developing a Strategic Plan for Tissue Donation Activities in Ontario. It is anticipated that the plan will be approved by the Board of Directors and submitted to the MOHLTC in the fall of 2006. Clearly there is some urgency to move forward with this plan as the significant increase in tissue donations as a result of routine notification and request is putting a strain on the current capacity of the province's tissue banks.

These accomplishments played a role in the increase in deceased donor transplants in Ontario in 2005-2006 (591 transplants), compared to the two previous fiscal years (454 and 524 respectively). The number of deceased donors at 169 is the highest number recorded in a fiscal year. While we celebrate the increase in the number of deceased donors we cannot be complacent. One of our fellow Ontarians awaiting a transplant dies every three days.

The need for organs for transplantation has never been greater. Lives of children, parents, siblings, and other family members are being lost, as there are not enough organs available for transplant. The urgency of need was best illustrated by the tabling of four private members bills in the Legislature this fiscal year, each proposing a legislative approach to increasing donations.

The TGLN public awareness campaign also reflected the critical need for organs with a change in message from a "Thank you for saving my life" to the more urgent message of "Every three days someone dies waiting for an organ transplant." The goal must be to match the donation consent rate to the public's reported high level of acceptance of donation. We must work harder and more effectively to save more lives.

None of the successes or achievements of TGLN this fiscal year would be possible without the incredible dedication, talent and work of a great number of people. We are grateful to Premier Dalton McGuinty and Minister of Health and Long Term Care George Smitherman for their efforts to raise the profile of organ and tissue donation, the sense of purpose and commitment of ministry staff, our Board of Directors, staff and volunteers as well as the cooperation extended to us by health care practitioners and administrators, tissue bank representatives and our community stakeholders at large.

We look forward to fiscal 2006 -2007 with determination to save more lives by increasing the number of organs available for transplantation.

Sue Wilson
Chair, Board of Directors

Frank Markel
President and CEO

A Year of Progress – Achieving Success

The year is marked by an increase in organ and tissue donation in Ontario, setting a new provincial record for deceased organ donors. Indeed, organ transplants for the fiscal year 2005-2006 increased by the largest number of any fiscal or calendar year since statistics have been recorded on transplants. At the same time though, 1790 people were on the waiting list for new organs and the waiting times for organ transplants continues to grow.

While this year's progress is encouraging, Ontario continues to experience a troubling gap between the number of people waiting for transplants and the number of organs available for transplantation. By either national or international comparison, Ontario's donor record falls well short of its potential. The successes of 2005-2006, while laudable, can be considered merely a first step in achieving more acceptable levels of donation.

For the 2005-2006 fiscal year, Trillium Gift of Life Network established four goals:

1. Increase the availability of organs and tissue for transplantation
2. Implement consistent donor related practices across the province
3. Implement an outcomes-based information management system
4. Define and develop a provincial strategy for tissue donation

In order to achieve each of these goals, TGLN undertook five major initiatives during the fiscal year:

- Implementation of routine notification and request
- Continued participation in the "Breakthrough Collaborative"
- Development of strategic hospital plans
- Establishment of a system of data collection and performance measures analysis
- Increased public awareness and knowledge of organ and tissue donation

This report describes Trillium Gift of Life Network's accomplishments regarding each of these initiatives and demonstrates how each represents an important piece of the puzzle that is needed for TGLN to be a leader in organ and tissue donation in Ontario.

Increase the availability of organs and tissue for transplantation

Implementation of Routine Notification and Request

TGLN reached another milestone in its evolution with the enactment of Part II.1 of the Trillium Gift of Life Act by the Ontario legislature.

Routine Notification and Request (RNR) refers to the requirement that designated hospitals notify TGLN of all deaths, and that hospital staff routinely offer families the option of donation as a standard part of end-of-life care. In an effort to

improve organ and tissue donation rates in Ontario, one of TGLN's most notable achievements in 2005-2006 was the successful implementation of the Routine Notification and Request portion of the Trillium Gift of Life Network Act. Ontario is only the second province in Canada to institute RNR, and its implementation marks a milestone in the Network's evolution.

Part II.1 of the Act, which became law on January 9th, 2006, requires the 13 Type "A" hospitals (any hospital that provides neuro-surgical or trauma services is classified as Type A) to report all deaths in their critical care units and emergency departments to TGLN. The Act also grants TGLN the authority to develop the requirements necessary for successful implementation of RNR. Wanting to ensure a successful implementation under these conditions, TGLN chose a phased in approach, limiting introduction to the emergency departments and intensive care units of Type A hospitals.

Putting into practice the RNR law represented a significant challenge to hospital administrators and healthcare professionals as it meant a shift in attitudes; required a change of current practice for hospital-based physicians; forced healthcare professionals to respect the importance of organ and tissue donation and also created a new administrative reporting mechanism. TGLN's challenge was to find a way to facilitate a smooth transition leading up to and during the implementation process.

To ensure a successful implementation, TGLN developed a plan based on extensive consultations with other jurisdictions. This plan consisted of:

- Administrative leaders of a majority of the Type A facilities were convened and formed the Hospital Steering committee. The Committee was composed of representatives from The Ottawa Hospital, Sunnybrook & Women's College, Hospital for Sick Children, Trillium Health Centre, Hamilton Health

Carla Borton, recipient and volunteer

Born with a heart condition that greatly limited her throughout life, Carla Borton's parents and family lived in constant fear that she would not live to see adulthood.

However, she says "I was stubborn, ignored my limitations and did what I thought I could do. I didn't want to be different. I grew up to have 2 wonderful sons, a successful career, a home & an active social life".

After 43 years, Carla's doctors decided that her heart was deteriorating. As a side effect of this, pulmonary hypertension had ruined her lungs as well. Her only option was a heart and double lung transplant. In 2003 she left her home in Thunder Bay and her loved ones to move to Toronto to be put on the waiting list.

After a long, often difficult wait, in May 2005 she received the call that organs had become available.

In disbelief, she thought "it's Mother's Day weekend – what a wonderful gift", but immediately, she was devastated to think that someone was suffering a terrible loss for their Mother's Day."

Carla has been granted the gift of a precious strong heart and lungs that not only saved her life, but gave her the chance at a wonderfully improved quality of life. She now has a full, active life. She volunteers for TGLN, Canadian Blood Services, Heart & Stroke Foundation and anywhere else with a need. She looks after her own home, enjoys golfing and curling, bikes, gardens and enjoys many activities at a family lake home.

"All of the transplant patients I know want to give back for their gift. I may never be able to thank my wonderful donor family in person, so I am dedicated to increasing public awareness of the need for organ & tissue donation by showing everyone how I have been blessed with the ultimate gift."

Sciences and London Health Sciences Centre. The committee provided constructive guidance and advice on RNR requirements and implementation at hospitals.

- Hospital focus group discussions took place at 5 Type A facilities not involved in the RNR pilot programs: Thunder Bay Regional, Hospital Regional Sudbury Regional Hospital, University Health Network and Sunnybrook & Women's. The groups consisted of multi-disciplinary staff at various levels and positions to provide comments about the impact of RNR on workload and routine clinical practice, as well as to provide suggestions on the best services TGLN can provide.
- The training program for the RNR pilot was developed and executed by TGLN staff, with consultations with front-line hospital staff. The training program, consisting of a PowerPoint presentation or a flip-chart presentation, for hospital professionals consisted of a 15-minute in-service about the RNR process and information required for families to provide an informed decision about consent for donation. Evaluation of training was through a survey with each referral call made for the initial phase of the pilot period.
- Educational, awareness and process tools (such as RNR Manual, pocket cards, posters, pamphlets and referral call checklist) were developed and utilized during the pilot period. The usefulness of the tools was evaluated again through surveys that health professionals completed with each referral call.
- Piloting RNR in designated units of six hospital sites, and in one case, hospital-wide, across the province for a two-to-three month period. The pilot study showed that hospital staff were able to comply with the new regulation.

In the first three months of RNR, results have been very positive. Compliance has been strong, averaging 80 per cent in participating Ontario hospitals and as a result, tissue donations have more than doubled, referrals (calls from hospitals reporting a potential donor) to TGLN have also tripled over last year and early results showed an increase in organ donations as well.

Donation Activities: Jan 9 to Mar 31, 2006		
	2006	2005
RNR Referrals	1463	384
Tissue Donors	204	75
Organ Donors	38	16

The efforts of TGLN staff and the staff of participating hospitals in the pilot project supported a successful integration of RNR into the 13 hospitals. The seamless implementation was, in no small measure, due to the intensive preparatory work followed by consultations with hospital administrators and healthcare providers. In short, the effectiveness of the process was evident in the high compliance rate and by the wide acceptance of this initiative.

Participation in the Breakthrough Collaborative

Bringing together key national leaders and practitioners from United States transplantation and hospital communities to work in collaborative teams, the Organ Donation Breakthrough Collaborative has as its goal, "saving or enhancing thousands of lives a year by spreading known 'best practices' to the nation's largest hospitals to achieve organ donation rates of 75 per cent or higher in these hospitals."

The Breakthrough Collaborative was formed in 2003, when the national average conversion rates in the United States remained consistently at 46 per cent. (The conversion rate is defined as the ratio of actual donors to potential eligible donors) Although some Organ Procurement Organizations (OPOs) and large hospitals were already achieving rates of 75 per cent or higher, the Collaborative set out to replicate the best practices of the high-performing institutions, with an ultimate goal of achieving a nation wide conversion rate of 75%. As a result, Collaborative teams, OPOs and leaders in the nation's largest hospitals generated unprecedented, record-breaking increases in donation — in less than a year-and-a-half. During 2005, there were 650 donor hospitals in the United States with at least five eligible donors reported. Of those, 136 or 21% had achieved a conversion rate of 75% or greater.

Since joining the Collaborative in 2004, Trillium Gift of Life Network has adopted a number of best practices. These practices, known as "First Things First," include the following initiatives:

- Ensuring every potential donor is reported to TGLN
- Timely referral of potential donors through the use of an accepted set of clinical triggers
- Rapid on-site response of the TGLN coordinator to provide support for donor management and integrate donation as part of health-care team plans through the team huddle approach
- Practising effective requesting techniques

The Network is in the final stages of implementing the First Things First principles to ensure increases in provincial donation rates. At least one Type A hospital (University Health Network) has implemented clinical triggers and others are planning on implementing them in 2006-2007. In addition, TGLN has re-organized the Greater Toronto Area (GTA) call-team, a move enabling more rapid onsite response time to calls and appropriate requesting with families.

The OPO Redesign Initiative is another program TGLN adapted from the Breakthrough Collaborative groups to enable it to manage the increased organ and tissue donation activities more effectively.

Increased donation activities provided the organization with the opportunity to redesign for more efficiency with a view to further increasing donor rates and

U.S. Award for "leadership and commitment."

In February 2005, the Organ Transplantation Breakthrough Collaborative in Los Angeles recognized Toronto's University Health Network and Trillium Gift of Life Network for their leadership and commitment that resulted in high rates of lung transplants. Monica Kersting gave the award, created in memory of her 14-year-old daughter who died awaiting a lung transplant. Representatives from all 59 OPOs in the United States, Ontario and Quebec attended the event.

From l to r: Mark Vimr, VP Clinical Operations and Chief Nursing Officer (TGLN); Scott McIntaggart, VP Operations, University Health Network; Dr. Andre Pierre, thoracic surgeon; Victoria Liest, Clinical Service Coordinator; Clare Payne, Director, Provincial Resource Centre; Stephanie Adams, OTDC University Health Network; Frances Reinholdt, Director, Hospital Programs, Central Ontario Region.

Maria Bau-Coote, recipient and volunteer

Maria was 9 years of age when she was diagnosed with juvenile diabetes. Although healthy for quite sometime, Maria contracted an unknown virus at the age of 18. In and out of hospitals for several months, specialists noticed that her kidneys were also being affected. She was put on medication to help postpone renal failure for as long as possible.

At age 26, Maria's kidneys were failing dramatically and diabetes was out of control. In her mind, Maria thought that her life was ending; the diabetes and dialysis did not give her hope, as both words carried with them the prefix "die."

Maria was put on dialysis and worked up for a kidney/pancreas transplant. Looking back, the hardest part of the entire experience would be the waiting. In May of 1999, Maria received the call she had been waiting for, unfortunately, after being prepped for surgery, the transplant was cancelled as the pancreas was damaged. The waiting began again.

On November 3, 1999, Maria's waiting was over and on her father's 62nd birthday, Maria received her transplant. Today, Maria no longer sits on a machine, three days a week for fours hours a treatment, and no longer gives herself insulin injections. Maria has the freedom from machines and needles, which gives her more time to volunteer and spread the word about how important organ donation is and what it has brought to her life. Maria says. "I thank my donor each and every day for giving me a quality of life that I have never before experienced. What a selfless gift she has given to a stranger."

After the transplant Maria got married to her amazing husband Paul and they are currently building their dream home together in their hometown of beautiful Niagara-on-the-Lake.

achieving the goals of the 2006-2007 Business Plan.

Experts and faculty from the Breakthrough Collaborative collectively identified key drivers for redesigning a successful system, including:

- Mission and culture
- Staffing and structure
- Business and financing
- Goal-setting and measurement
- Quality and process improvement
- Relationships and collaboration

TGLN has focused on three priority drivers based on the organization's current needs and areas of improvement in order to meet, sustain and manage goals. The three drivers are:

- Mission and culture
- Staffing and structure
- Relationships and collaboration

The President and CEO, the Board Chair and a representative of the senior management group participated in the inaugural OPO Redesign workshops in the U.S. held in September of 2005. A second workshop was held in February of 2006 and, in addition to a hospital administrative leader and TGLN staff, included the participation of a board member who was both a TGLN representative and a hospital leader. In order to sustain a high performance, TGLN needs to revisit its current design and staffing needs and use its resources to maintain momentum and achieve the goal of a 75 per cent conversion rate.

Developed Better Relationships with Hospitals through Strategic Plans

This year, TGLN embarked on a deliberate strategy to facilitate meetings between its management team and hospital administrators and medical staff. Various members of TGLN's senior management team made more than 40 visits to senior hospital administrators across Ontario during the year. Those meetings not only served as an introduction to TGLN and its new President and

CEO, but also provided an opportunity for the Organ and Tissue Donation Coordinators to meet senior administrators and establish a working relationship with each institution. Ideas from the Breakthrough Collaborative were also introduced, and a commitment was made at each meeting to work with each hospital to develop an action plan, tailored to its needs, aimed at increasing organ and tissue donation rates.

2005-2006 budget allocation from the Ministry of Health and Long-Term Care allowed the expansion of its work beyond Type A hospitals and enabled TGLN to hire additional Organ and Tissue Donation Coordinators to work in Type "B" hospitals (any hospital that does not meet the requirements of a Type A hospital and is able to make a neurological determination of death (NDD) in accordance with the medically accepted standards for NDD in Ontario is Type B) across the province.

Joanne Schultheiss, recipient and volunteer

Joanne Schultheiss was diagnosed with pulmonary fibrosis at the age of 41 years old. Suffering and put on oxygen and medications she was dying a slow death gasping for air. Thinking everyday of leaving her wonderful husband, two children and a beautiful grandson made her stay as strong as possible. Put on the waiting list at Toronto General Hospital in March of 2005 she prayed there would be a donor found that was suitable. In August of 2005 her prayers were answered. A donor was found giving her a second chance to lead a normal life with her loved ones. Joanne says that "being here today and able to breath fresh air wouldn't have been possible without this gift of life".

Donation after Cardiac Death (DCD)

Organ donation after cardiac death – or DCD – is a procedure whereby organs for transplantation are recovered shortly after the pronouncement of death based on cardiorespiratory (cardiac) criteria rather than neurological (brain) criteria. For the last two decades, individuals who have died from cardiac death have been considered potential tissue donors only; they have not been able to donate organs for transplantation.

In December, TGLN's national partner, the Canadian Council for Donation and Transplantation (CCDT) produced a national consensus document on DCD. The introduction of DCD in Canada could significantly increase the potential donor pool and in jurisdictions that already practice DCD (USA, United Kingdom, Japan, Switzerland, Spain and the Netherlands) donations have increased upwards of twenty percent.

With the support of the Clinical Advisory Committee, TGLN laid the groundwork for implementing and facilitating Donation after Cardiac Death in hospitals across the province. To support the DCD option, TGLN has dedicated resources to support the practice and offer the donation option to donor families and individuals on the transplant waiting list.

Strengthening Public Awareness and Education

In 2005-2006, TGLN's Public Affairs and Communications Department took a more proactive approach and changed our key messages to highlight the urgency of organ and tissue donation as well as encourage individuals to have a conversation with their families about donation. To further this effort, TGLN launched a province-wide paid advertising campaign.

To maximize exposure with limited financial resources, the advertising campaign used a three-pronged approach to reach the public: radio, transit shelters and subways. The campaign theme was, "Every three days in Ontario someone dies waiting for an organ transplant." The goal of the campaign was to draw attention to the urgency of organ and tissue donation and to the plight of individuals on the transplant waiting list.

The campaign unfolded in Hamilton, Kingston, Kitchener, London, North Bay, Ottawa, Peterborough, Sarnia, Sudbury, Thunder Bay, Toronto, and Windsor.

A second poster, created for Toronto subways, featured a photograph of an organ donor card with the caption, "There might be one thing your family doesn't know about you. If you've signed your donor card, tell your family." This message was aimed at those individuals who had previously signed an organ donor card but did not share their intentions with their families.

A pro-active media strategy began in earnest in November of 2005 to establish Trillium Gift of Life Network as Ontario's authoritative voice for organ and tissue donation.

Recipient Promotes Organ Donation Campaign

Every three days someone dies waiting for an organ transplant.
A signed donor card and a conversation made sure Kailyn wasn't one of them.
Ontario

The transit shelter and radio campaign featured Debbie and Kailyn Bredin of Ajax, Ontario. In 1997, Debbie and Jim's daughter Kailyn was born with the rare and life-threatening hypoplastic left-heart syndrome, in which the left ventricle fails to develop. After being home for only nine hours, Kailyn was airlifted to the Hospital for Sick Children in Toronto. At seven months, she received a heart transplant and has never looked back.

The push for increased media attention in December encouraged people to initiate a family conversation about organ and tissue donation in the period leading up to the holidays. The campaign garnered significant media attention in Ottawa, Hamilton and Toronto. TGLN also chose to highlight waiting-list numbers by region and to focus on the individuals waiting for organ transplants in those communities. By doing so, TGLN was able to work with local community newspapers and media outlets to draw attention to the importance of organ and tissue donation in that particular area.

With the legal enactment of Routine Notification and Request, the communications department worked with the 13 participating hospitals to prepare for the introduction of RNR. In March, TGLN announced results from the first 10 weeks of RNR, and detailed the initiatives to increase organ and tissue donation rates in Ontario.

Media stories resulted from the press conference in every major television, radio and print market. The Toronto Star ran a story and photo on its front page.

TORONTO STAR

Budget boost for GTA transit

EXCLUSIVE Province to unveil region-wide authority

6059

BRANDON NEEDS NEW LUNGS

BRANDON GIBSON STORY A10

Don't deport 'honest' workers: Builder

Brandon Gibson, 13 who is waiting for a double lung transplant is seated beside the Honourable George Smitherman, Minister of Health and Long-Term Care at TGLN's press conference to announce new initiatives to increase organ and tissue donation rates.

The communications department also established links with the Ontario Medical Association, Ontario Hospital Association, College of Nurses of Ontario, Registered

Ivan Fluit, recipient and volunteer

Ivan Fluit was diagnosed with keratoconus at the age of 27. Keratoconus is a disease where the cornea (the clear part of the front of the eye) thins out and becomes cone shaped instead of round. Over the next 9 years the disease progressed to the point where cornea transplants for both eyes were necessary to achieve proper vision.

In February of 2004, doctors transplanted a donated cornea into Ivan's right eye. For the next 13 months, he waited for the eye to heal enough for the stitches to be removed. In June of 2005, contact lenses were prescribed for the right eye and Ivan was able to see better than 20/20 in that eye.

In December of 2005, the left eye was done and that eye is healing nicely, although improved vision will still take time.

Ivan would like to thank all the doctors, the nurses, the staff at Trillium Gift of Life Network, and especially the many people who sign their donor cards so that he and many others like him can see again.

Nurses Association of Ontario and the College of Respiratory Therapists. Joint efforts with the communications departments of such professional groups to reach their respective members affords maximum communications opportunities.

Community Relations

Ensuring that Ontarians are equipped to make informed decisions about organ and tissue donation remains the focus of the Community Relations group. In 2005-2006 TGLN supported grassroots efforts in public education with an emphasis on ethno-cultural groups, strategic partners and workplace partnerships.

Community-based volunteers, supported by Community Relations, participated in more than 215 events around the province. These included Grand Rounds and hospital fundraisers, as well as high-school and university events, meetings of religious groups, and outreach at cultural centres of a variety of ethnic groups, health fairs and festivals. An invaluable asset, community volunteers form a core of passionate advocates for organ and tissue donation.

Scott Skinner, TGLN Family Services Advisor

I have worked in the field of organ and tissue donation for the past 8 years and during that time I have been very fortunate to work with many donor families. Last summer I had the amazing opportunity to help plan and play a part in the activities for donor families at the World Transplant Games, on behalf of Trillium Gift of Life Network. To be part of something that was so meaningful for donor families was truly inspirational. I was honoured to be present while they shared their collective stories of how organ and tissue donation had changed their lives forever. The experience of meeting transplant recipients from around the world and watching them compete in the Games also proved to be very moving. I witnessed first hand their renewed vitality, as well as their overwhelming gratitude they feel towards the donor families who make it all possible. Those eight days in July reaffirmed my belief that donation is the right thing to do and transplantation really works. I came away from the Games with a renewed sense of dedication and commitment to donation and transplantation. What a life affirming experience and I am fortunate to continue to play a small part in making donation and transplantation a reality

Highlights of Community Relations Events

African Caribbean Diabetes Prevention Program (ACDPP) Health Conference

Chinese Cultural Centre - Health Awareness Day

Buddhist Festival

Catholic Women's League National Convention

Grace Lutheran Church, Waterloo

Sport-Fest Windsor

CFL Labour Day Classic Hamilton Tiger Cats vs. Toronto Argonauts

University of Western Ontario Homecoming

Canadian Nursing Student's Association (CNSA) Fall Conference

University of Windsor, Faculty of Law – Student's Law Society – Panel discussion on Presumed Consent

Presstran Industries/Magna – Workplace meetings and presentations to more that 1000 staff

Cornwall Square Shopping Centre organized by local fire fighters

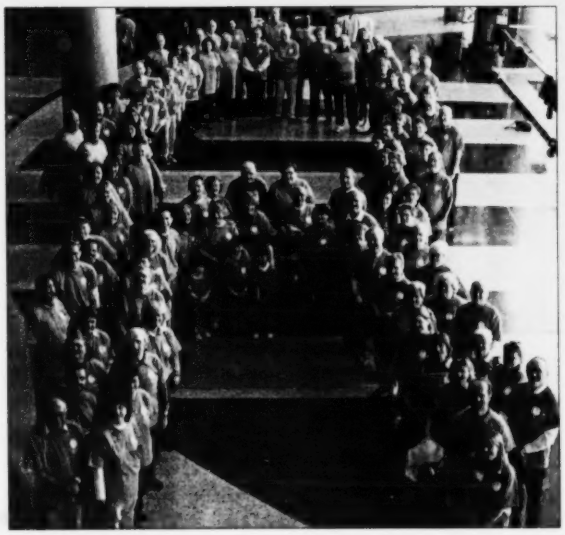
Port Arthur Rotary Club

Women in the New Century, Women's Education Business Breakfast – Stittsville

Norman Bethune Collegiate, Toronto District School Board

Malvern Collegiate, Toronto District Catholic School Board

In the past year, TGLN planned events in concert with the Central Ontario (Toronto), Eastern Ontario, and Greater Ontario branches of the Kidney Foundation of Canada and also with the Canadian Cystic Fibrosis Foundation (CCFF). TGLN and CCFF worked together to deliver green awareness bracelets to 50,000 first-year students across the province.



Beginning in 2005, Community Relations also initiated a consultative process with a number of church and faith communities, such as the Anglican, United and Catholic Churches. Our consultation with the Archdiocese of Toronto resulted in presentations to many parish priests across the Greater Toronto Area. The archdiocese represents more than 1.2 million Catholics from many different cultural backgrounds, and the Roman Catholic Church represents a vital partner in TGLN's efforts to increase awareness.

In 2005, the Community Relations education programs gained significant momentum. They grew to include programs for students in 10 post-secondary institutions. In a joint endeavor, Community Relations oversaw a 13-week clinical placement in community health. Students from the third-year nursing program developed and executed a multi-faceted research and awareness project.

The 2005 National Organ and Tissue Donation Awareness Week (NOTDAW) took place April 24th to 30th, 2005. A number of events were organized around the province by TGLN and with the local chapters of the Kidney Foundation of Canada and supported by TGLN volunteers. They included a Living Green Ribbon ceremony in Ottawa, an awareness event at a Blue Jays baseball game, information distribution to commuters at Toronto's Union Station, a press conference with the Toronto Automobile Dealers Association, and Iman Hamid Slimi, representing the International Muslims Organization of Toronto.

In order to maximize public awareness during the next NOTDAW, Community Relations worked with our partners to create a committee of staff, regional volunteers and representatives from the Kidney Foundation of Canada to plan activities for 2006. The committee focused on coordinating events around Ontario, minimizing duplication,

adopting best practices from successful community events, and sharing with other community-based groups.

World Transplant Games

TGLN was invited by the organizing committee for the 2005 World Transplant Games to coordinate and sponsor activities for Donor Recognition Day, as well as host a hospitality tent during the week-long event. The Games sponsored by the Canadian Transplant Association and the City of London brought together more than 1800 athletes and their families, representing 50 countries to compete, celebrate life and share stories. TGLN also undertook two other initiatives to promote the Games. We sponsored "Ride for Life", which was a group of cyclists who rode from Montreal to London stopping in cities and town along the way to raise awareness of the Games. We partnered with Rogers Media not only to promote the games but also to raise awareness of organ and tissue donation through public service announcements. Part of that initiative included coordinating welcome posters at Toronto International Airport to greet the athletes and their families.

Community Relations reached out to private sector partners as well, working with a major auto-parts manufacturer to educate their employees. TGLN staff and volunteers completed two days of information sessions reaching more than 1000 plant staff members of PressTran Industries/Magna. Working with the Kidney Foundation's Greater Ontario

Janet Brady, co-chair of the organizing committee for the XV World Transplant Games in London, Ontario addresses the athletes and their families. Janet received a liver transplant in 1990. The other co-chair, Heather Fisher, received a liver transplant in 1983.

Branch and the Hamilton Tiger Cats football team, TGLN sponsored the first Labour Day Classic in support of organ and tissue donation. The games, featuring two child transplant recipients participating in the opening coin toss, parachutists carrying green banners, and an honour guard from the Hamilton Police Force, were attended by 29,000 people and broadcast nationally to three million viewers.

In 2003, the Toronto Automobile Dealers Association (TADA) donated a new van to TGLN to help get organ and tissue retrieval teams to their destinations and deliver donated organs and tissue to waiting patients. In 2005, TADA donated another vehicle, enabling TGLN to have two vehicles on-site for clinical staff. TGLN expresses thanks to the Toronto Automobile Dealers Association for this ongoing support and particularly for generously providing a second vehicle.

Peter Casey, kidney waitlist patient, the Honourable Harinder Takhar, Minister of Transportation, Kevin Empey, Executive Vice-President of Clinical Support and Corporate Services for University Health Network, Diane Craig, TGLN Board Member and Dominic Mesiano, President of the Toronto Automobile Dealers Association stand in front on the new vehicle donated to TGLN.

Private Members' Bills

This year saw the introduction of four private members' bills in the Ontario Legislature.

TGLN advised the Ministry on each of the bills and when asked provided information for members while developing them. These bills have contributed to raising awareness of the importance of organ and tissue donation.

Donor Family Support

TGLN's Donor Family Support Program expanded to provide additional services to families and to maximize opportunities to highlight the importance of giving the gift of life. To recognize donor families, TGLN supported the creation of the Garden of Life in Thunder Bay, co-sponsored ceremonies for donor families in Ottawa, London, Hamilton and Toronto, and also continues to provide ongoing services to families in the grieving process.

TGLN published a booklet called *"Gift of Tissue Donation"* which was produced to provide families with the information they need to make an informed decision about the importance of tissue donation.

Implement consistent donor related practices across the province

TGLN's Provincial Resource Centre assumed province-wide responsibility for coordinating and allocating organs from deceased donors.

In its early years, Trillium Gift of Life Network had not yet established its intended role of managing all deceased donor cases in the province of Ontario, and assuming full responsibility for allocation of organs from deceased donors. With the organization's maturation, it assumed this role during the course of the 2005-2006 fiscal year following amicable discussions with the province's transplant programs. As a result, Trillium Gift of Life Network now acts as a complete organ procurement organization for the entire province, with all deceased donor cases coordinated by the staff of the Provincial Resource Centre, including the allocation of organs. Furthermore, organ procurement organizations from other provinces, and from the United States have been instructed to call Trillium Gift of Life Network's Provincial Resource Centre, with offers of organs from outside of Ontario.

Canadian Council for Donation and Transplantation (CCDT)

TGLN continues to enjoy a positive working relationship at the national level with colleagues at the Canadian Council for Donation and Transplantation (CCDT). Board members and staff play an active role at the Council. TGLN's President and CEO was selected to sit on the CCDT Council, which is made up of representatives from key professional donation and transplantation organizations, non-governmental organizations, the ethics community, the spiritual and pastoral care community, and transplant recipients and donor families. Members, selected for their expertise and knowledge, reflect the broad diversity of Canada. In addition to the President and CEO, two board members of TGLN also sit on the Council.
Staff members at TGLN continue to work on CCDT committees and act as a resource in specific areas of expertise. Their contribution can be seen in such CCDT reports as "Diverse Communities: Perspectives on Organ and Tissue Donation and Transplantation, 2005" and "Donation after Cardiocirculatory Death (DCD)."

Implement an outcomes-based information management system

Establishment of a System of Data Collection and Performance Measures Analysis

Following a request from the Board at its meeting in June 2005, Trillium Gift of Life Network undertook a comprehensive Health Record Review (HRR) during the summer of 2005. TGLN's Organ and Tissue Donation Coordinators (OTDCs) undertook the review, using an approach first developed by the Breakthrough Collaborative, and adapted for Ontario by TGLN's quality assurance staff.

The sample frame for the review consisted of all patients dying in ventilated units of Type A and B hospitals. From this patient group, we first identified the cohort of potential eligible donors. This group is characterized as follows:

- Any patient who does not have exclusionary medical conditions (malignant neoplasms, rabies, WNV, herpetic septicemia, prematurity) *and* at least one documented declaration of brain death or documented clinical findings consistent with brain death, but not declared.

Charts of each of these potential eligible donors were reviewed to answer the following questions:

- Was the patient declared as brain dead?
- Was the patient referred to Trillium Gift of Life Network for possible donation?
- Was the patient's family approached to give consent to organ donation?
- Did the patient's family consent to donation?
- Were the patient's organs recovered for transplantation?
- Did the patient become an organ donor (at least one organ transplanted)?
- Were the patient's organs deemed medically unsuitable?

From the answers to these questions, the following performance indicators were calculated for the overall sample, and for individual hospitals:

- Declaration rate
- Referral rate
- Approach rate
- Consent rate
- Recovery rate
- Conversion rate

- Declaration rate – cases of brain death declaration (i.e. physician's declaration according to CCDT Guidelines) divided by number of potential eligible organ donors
- Referral rate – cases referred to Trillium Gift of Life Network by health care professional divided by potential eligible organ donors
- Approach rate – patient's substitute is approached to discuss the option of organ donation/or patient substitute approaches health care professional or TGLN staff to indicate interest in donation divided by number of referrals
- Consent rate – patient's substitute provides consent for the purposes of organ donation divided by the number of approaches
- Recovery rate – consent is obtained and surgical recovery has commenced for the purpose to retrieve organ divided by number of donation consents
- Conversion rate – number of organ donors divided by number of potential eligible donors minus medically unsuitable donors

Table on the following page shows the aggregate results for the initial health record review.

The findings thus far have shown that there are many potential cases that could be converted to organ donors in both Type A and B facilities. Clearly, with 307 identified potential donors, the goal of 200 deceased donors is achievable. The minimal number of potential donor cases in Type B hospitals has helped to develop hospital development strategies in prioritizing and focusing TGLN resources to those hospitals with higher potential cases.

Aggregate Results for the Initial Health Record Review

Total: 5,833 charts reviewed
13 Type A hospitals (15 sites)
14 Type B hospitals (16 sites)

78.9% excluded: - not vented - medical exclusions 0.4% unknown category	15.2% inconsistent with NDD	Potential Eligibles	
		3.0% declared NDD	2.5% with clinical findings consistent with NDD, but not declared

Performance Indicators: Rates (Benchmarks)	**TOTAL**	**Type A Facilities**	**Type B Facilities**
Declaration Rate (100%)	56.4%	63.0%	28.8%
Referral Rate (100%)	62.6%	70.3%	30.5%
Approach Rate* (100%)	119.2%	113.3%	177.8%
Consent Rate (85%)	46.9%	50.5%	25.0%
Recovery Rate (90%)	88.8%	87.9%	75.0%
Conversion Rates (75%)	**32.6%**	**37.2%**	**10.5%**

Performance Indicators: Raw Numbers	**TOTAL**	**Type A Facilities**	**Type B Facilities**
Potential Eligible Donors	305	246	59
NDD Declared	172	155	17
Referrals	191	173	18
Approaches	228	196	32
Consents	107	99	8
Medically Unsuitable	14	12	2
Actual Donors	95	87	6

**The approach rate can exceed 100% when a patients' family is approached without the case being referred to TGLN. The Collaborative best practice suggests that every case should be referred to the Organ Procurement Organization (in this case TGLN) first, before a decision about an approach is made.*

***While the chart reviews are close to 80% complete, there are 53 more donors not yet reflected in the HRR results. The addition of these donors could have an impact on the conversion rates reported.*

In all charts reviewed, close to 50% of cases were not officially declared brain death. Referral of these cases could allow TGLN to support hospital staff in identifying and conducting brain death declarations. Furthermore, early referral of these cases, using clinical triggers could assist in preparing the hospital staff and potential donor families.

The greater than 100% results in approach rates indicate that there are many approaches being made that are not referred to TGLN. In these cases, the approaches resulted in no consents; hence, declaration protocol was not carried out. Anecdotally, many hospital staff have indicated that brain death declaration will be carried out only if families are interested in the donation process, in order to best use available resources.
Consent rate results help guide hospital development activities in applying effective requesting techniques in specific hospitals. Consent rates are lower in the Type B facilities compared to the Type A facilities. Interestingly, Type B facilities show markedly lower rates in declaration and markedly higher rates in approaches, suggesting that families are being approached for consent to donation prior to declaration of brain death.

The literature concludes that best practice in effective requesting is to approach families after brain death has been declared. The low consent rates from the HRR are derived from those cases where NDD has not been declared. Thus, TGLN can focus its hospital development activities in working with hospital staff to establish team-huddles and pre-approach plan to best determine the best time and individual to approach families for donation.

Although consent rates have been consistently low, in those cases when consent is obtained, TGLN has maximized the number of organs recovered as is evidenced in the high organ yield rate.

The indicators are thus helpful in identifying areas for TGLN to improve in order to more than double its current conversion rate to 75%. Clearly, identification, early referral, declaration and consent processes are areas to dramatically improve. The 2006-2007 Business Plan delineates strategies and activities to address those areas identified by the Health Record Review.

While the chart reviews are close to 80% complete, there are 53 more donors not yet reflected in the HRR results. The addition of these donors could have an impact on the conversion rates reported. However, identification of areas to improve organ donor rates is solid from the results thus far.

Since the availability of the HRR data in September, TGLN has applied the findings in developing the Business Plan 2006-07. Specifically, the results showing potentials in both Type A and B facilities have helped to guide the exercise in prioritizing service level plans for the various hospital sites. Furthermore, the HRR findings were helpful in establishing the goal of 200 deceased organ donors for 2006-2007.

Move to 522 University Avenue

Trillium Gift of Life Network ended the fiscal year with a move to its new site at 522 University Avenue. With the original lease expiring and space quickly becoming crowded and inefficient, various options for accommodation were explored. The decision to move to 522 University Avenue was supported by a business case approved by the board and the Ministry of Health and Long-Term Care. The new space offers close proximity to many of TGLN's provincial partners and provides better working conditions for staff.

Introduction of the TOTAL database management system

TGLN's new clinical information system, named "TOTAL" was launched on March 6, 2006. TOTAL serves as TGLN's wait list management, organ allocation and donor information repository.

TOTAL replaces a 16-year old database inherited from Organ Donation Ontario. The age of the ODO database resulted in it being cost prohibitive and unsafe to operate. The ODO database also lacked the functionality to gather data on mission critical processes at TGLN such as routine notification and request; donor identification and consent; and organ allocation offers, acceptances and refusals. Capturing information on these critical processes will allow TGLN to set benchmarks and identify areas of high performance in the consent, placement and recovery processes, and to ensure transparent, fair and equitable practices in regard to allocation of organs for transplant. TOTAL will facilitate the movement of TGLN towards data-driven decision making.

TGLN acknowledges the Ministry of Health and Long Term-Care for their support in funding this project.

TOTAL was developed in three phases. First, high-level system requirements were compiled by Sierra Systems in 2001. Secondly, detailed requirements and design specifications were gathered by Dinmar Consulting in 2002 and 2003. And finally, Destech began system screen and report development in April 2004 and the system was implemented in March 2006. Since the launch of TOTAL, TGLN has focused on system testing, data conversion, addressing system bugs and training.

Define and develop a provincial strategy for tissue donation

Tissue Donation Program

In December 2004, the Ministry of Health and Long-Term Care (MOHLTC) requested TGLN to "develop a tissue plan that consolidates and standardizes tissue activities in order to meet the province's need for safe and high quality tissue allografts." During the 2005-2006 fiscal year, TGLN embarked on a consultation process, gathering input from over 100 healthcare professionals throughout Ontario, as well as Canadian and international experts in tissue donation and banking. The analysis of a number of models that may be used to re-structure and strengthen the tissue donation system in Ontario was performed with the assistance of an expert panel, The Tissue Advisory Committee.

Appendix I

Organ and Tissue Donation Statistics

Deceased Donor Referrals

	Neurosurgical/trauma hospitals	Community Hospitals	Total Organ Referrals	Total Tissue Referrals
2005 – 2006	599	141	740	3348
2004 – 2005	467	86	553	1,748
2003 – 2004	322	73	395	1,566
2002 – 2003	224	60	284	1,307
% referrals increase from 2004-05 to 2005-06	28.26%	63.95%	33.81%	91.53%

Consent Rates for Organ

Deceased Donors (Ontario)	2002-2003	2003-2004	2004-2005	2005-2006
Actual Donors	134	135	142	169
Approaches	201	241	297	402
Consent Rate*	0.69	0.58	0.5	0.42

Organs Recovered from Deceased Donors (Ontario)

	2002-2003	2003-2004	2004-2005	2005-2006
Actual Donors	134	135	142	169
Organs Recovered	518	504	545	626
Recovered per Donor	3.9	3.7	3.8	3.7
Organs Transplanted	**468**	**454**	**524**	**591**
Transplanted per Donor	3.5	3.3	3.7	3.5
Transfers for organ recovery	25	19	23	13
Contraindications related to serology	32	18	16	3

Appendix I

Organ and Tissue Donation Statistics continued

Patients who Received Deceased Donor Organ Transplants in Ontario

	Kidney	Kidney Pancreas	Pancreas	Liver	Small bowel	Heart	Lung	Heart-Lung	TOTAL
2005 – 2006	251	30	4	167	2	80	71	3	608
2004 – 2005	211	16	4	151	1	50	69	2	504
2003 – 2004	182	14	6	163	3	57	48	1	474
2002 – 2003	184	23	5	145	1	58	59	2	477

Waiting Lists for Organ Transplants at March 31, 2006

	Kidney	Kidney Pancreas	Pancreas	Liver	Heart	Lung	Heart-Lung	Small Bowel	TOTAL
2005 – 2006	1204	57	25	409	33	45	3	6	1782
2004 – 2005	1346	39	17	430	53	34	1		1920
2003 – 2004	1302	44	10	323	47	55	4		1785
2002 – 2003	1393	39	1	324	43	30	4		1834

Living Kidney Transplants as a Percentage of Total Kidney Transplants in Ontario

	2002-2003	2003-2004	2004-2005	2005-2006
Total Kidney Transplants from Living & Deceased Donors	359	347	393	453
Total Kidney Transplants from Living Donors	175	165	182	202
% of Kidney Transplants from Living Donors	48.75%	47.6%	46.3%	44.59%

Living Liver Transplants as a Percentage of Total Liver Transplants in Ontario

	2002-2003	2003-2004	2004-2005	2005-2006
Total Liver Transplants from Living & Deceased Donors	174	194	192	212
Total Liver Transplants from Living Donors	29	31	41	45
% of Liver Transplants from Living Donors	16.6%	16.0%	21.3%	21.22%

This section reports on TGLN's progress in meeting performance objectives defined in the 2005-2006 Business Plan.

Appendix II

Performance Indicators, Measures and Targets

Performance Objectives/Goals	Performance indicators	Performance Targets	Results
Increase the availability of organs and tissue for transplantation *Goal: Increase the number of organs and tissue available for transplantation by increasing the number of donors and by increasing the utilization rate*	Number of deceased donors	175 organ donations from deceased donors	169 deceased organ donors were achieved. Although this number was below the target of 175, a new provincial record for deceased donation during a fiscal year was achieved.
	Number of potential donors who become actual donors (conversion rate)	75% conversion rate in three pilot hospitals	A conversion rate of 37% was achieved across the province. While this falls well short of our goal of 75%, programs like "First Things First" are in place to increase the conversion rate.
	Number of organs recovered from deceased donors (organ utilization rate)	Target organ utilization rate to be established	The target organ utilization rate was set at 3.5 organs per donor as recommended by the Breakthrough Collaborative. TGLN exceeded this and achieved a 3.7 organs per donor rate by recovering 626 organs from deceased donors resulting in 591 organs being transplanted.

Appendix II

Performance Indicators, Measures and Targets (continued)

Performance Objectives/Goals	Performance indicators	Performance Targets	Results
	Number of donations from living donors	Target for living donations to be established	Transplant programs increased living donation by 4% resulting in 247 living donation transplants up from 223 in 2004-2005.
Implement consistent donor related practices across the province *Goal: A fair, equitable and transparent system for organ donation, allocation and transplantation for the province.*	Number of referral calls of organ donation cases to the PRC vs. total number of donation cases	100% of organ donation cases referred to the PRC	TGLN assumed responsibility for all organ allocations in the province by March 31, 2006.
	Number of organs allocated by the PRC	100% of organs allocated by the PRC	100% achieved by March 31, 2006
	Number of donation cases in which practice was consistent with TGLN's screening and Exceptional Release standard operating procedures vs. total number of donation cases	TGLN screening and Exceptional Releases SOPs followed in 100% of donation cases.	100% achieved by March 31, 2006
Define and develop a provincial strategy for tissue donation *Goal: A plan for efficient and cost-effective tissue donation, procurement and allocation that meets the needs of the people of Ontario.*	Tissue plan presented to and approved by the Board of Directors and then submitted to the ministry for approval and implementation		TGLN embarked on an extensive consultation process, gathering input from healthcare professionals throughout Ontario, as well as Canadian and international experts. Proposed tissue plan will be sent to the Board in Summer 2006.

Appendix II

Performance Indicators, Measures and Targets (continued)

Performance Objectives/Goals	Performance indicators	Performance Targets	Results
Implement an outcomes-based information management system. *Goal: The ability to measure and report on organ and tissue donation system potential and quality performance in a timely manner*	TOTAL database implemented	TOTAL implemented in April 2005	Due to the additional time needed to convert data from the previous system, TOTAL was not implemented until March 2006
	Number of neurosurgical/trauma hospitals using TOTAL system vs. number of neurosurgical/trauma hospitals	100% of neurosurgical/trauma hospitals using TOTAL system	Achieved by March 31, 2006
	Number of neurosurgical/trauma hospitals fulfilling TOTAL data requirements vs. number of neurosurgical/trauma hospitals	100% of neurosurgical/trauma hospitals fulfilling TOTAL data requirements	13 Type A hospitals are fulfilling the data requirements by calling into the PRC directly where TGLN staff then enter the information into the TOTAL database.
	Number of neurosurgical/trauma hospitals where organ donation potential is quantified vs. number of neurosurgical/trauma hospitals	Organ donation potential is quantified in 100% of neurosurgical/trauma hospitals	HRR have been conducted in each of the 13 Type A hospitals and TGLN is confident of the results in the review showing a 37% conversion rate.

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"Trillium giftfinancials.pdf"
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Financial Statements

Trillium Gift of Life Network

March 31, 2006

AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the statement of financial position of **Trillium Gift of Life Network** [the "Network"] as at March 31, 2006 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Network's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Network as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Ernst & Young LLP

Toronto, Canada,
June 2, 2006.

Chartered Accountants

Trillium Gift of Life Network

STATEMENT OF FINANCIAL POSITION

As at March 31

	2006 $	2005 $
ASSETS		
Current		
Cash	**371,013**	1,258,942
Short-term investment *[note 10]*	**600,000**	1,000,000
GST recoverable	**142,768**	142,397
Other receivables	**493,696**	—
Prepaid expenses	**43,337**	6,644
Total current assets	**1,650,814**	2,407,983
Capital assets, net *[note 3]*	**1,655,069**	907,646
	3,305,883	3,315,629
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**1,421,740**	1,256,343
Deferred contributions	**81,950**	840,748
Total current liabilities	**1,503,690**	2,097,091
Deferred funding for capital assets *[note 4]*	**1,682,628**	1,123,808
Total liabilities	**3,186,318**	3,220,899
Commitments *[note 8]*		
Net assets		
Unrestricted *[note 7]*	**53,647**	24,760
Board restricted *[note 5]*	**65,918**	69,970
Total net assets	**119,565**	94,730
	3,305,883	3,315,629

See accompanying notes

On behalf of the Board:

Director Director

Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2006 $	2005 $
REVENUE		
Ontario Ministry of Health and Long-Term Care *[note 9]*	**10,723,228**	8,398,262
Amortization of deferred funding for capital assets *[note 4]*	**188,090**	95,113
Donations *[note 5]*	**41,814**	62,484
Interest income	**28,887**	19,773
	10,982,019	8,575,632
EXPENSES		
Salaries and employee benefits *[note 6]*	**6,990,754**	5,504,949
Communications	**1,267,244**	996,679
General and administrative	**1,156,250**	739,377
Information systems	**360,431**	478,121
Medical supplies and testing	**477,410**	396,269
Office rent and maintenance	**379,347**	282,867
Amortization of capital assets	**199,322**	95,113
Community projects *[note 5]*	**45,866**	15,000
Moving and reconfiguration	**80,560**	—
	10,957,184	8,508,375
Excess of revenue over expenses for the year	**24,835**	67,257

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CHANGES IN FUND BALANCES

Year ended March 31

	2006		
	Unrestricted $	Board restricted $	Total $
	[note 7]		
Net assets, beginning of year	**24,760**	**69,970**	**94,730**
Excess of revenue over expenses for the year	**24,835**	—	**24,835**
Interfund transfer, net *[note 5]*	**4,052**	**(4,052)**	—
Net assets, end of year	**53,647**	**65,918**	**119,565**

	2005		
	Unrestricted $	Board restricted $	Total $
	[note 7]		
Net assets, beginning of year	4,987	22,486	27,473
Excess of revenue over expenses for the year	67,257	—	67,257
Interfund transfer, net *[note 5]*	(47,484)	47,484	—
Net assets, end of year	24,760	69,970	94,730

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2006 $	2005 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	**24,835**	67,257
Add (deduct) items not involving cash		
Amortization of capital assets	**199,322**	95,113
Amortization of deferred funding for capital assets	**(188,090)**	(95,113)
	36,067	67,257
Changes in non-cash working capital balances related to operations		
GST recoverable	**(371)**	50,046
Other receivables	**(493,696)**	—
Prepaid expenses and other receivables	**(36,693)**	5,505
Accounts payable and accrued liabilities	**165,397**	(69,407)
Deferred contributions	**(758,798)**	737,660
Cash provided by (used in) operating activities	**(1,088,094)**	791,061
INVESTING ACTIVITIES		
Redemption (purchase) of short-term investment	**400,000**	(1,000,000)
Acquisition of capital assets	**(946,745)**	(764,184)
Cash used in investing activities	**(546,745)**	(1,764,184)
FINANCING ACTIVITIES		
Contributions received for capital purposes	**746,910**	980,346
Cash provided by financing activities	**746,910**	980,346
Net increase (decrease) in cash during the year	**(887,929)**	7,223
Cash, beginning of year	**1,258,942**	1,251,719
Cash, end of year	**371,013**	1,258,942

See accompanying notes

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2006

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002, to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a not-for-profit organization registered as a charity under the Income Tax Act (Canada) [the "Act"], the Network is exempt from income taxes. In order to maintain its status as an organization registered under the Act, the Network must meet certain requirements within the Act. In the opinion of management, these requirements have been met.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. The significant accounting policies followed in the preparation of these financial statements are summarized as follows:

Revenue recognition

The Network follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred.

Investments

Investments are recorded at market value.

NOTES TO FINANCIAL STATEMENTS

March 31, 2006

Capital assets

Capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis, at annual rates based on the estimated useful lives of the assets as follows:

Furniture	5 years
Leasehold improvements	over term of lease
Equipment	3 years
Computer equipment	3 years
Computer software	5 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit plan are expensed when due.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

March 31, 2006

3. CAPITAL ASSETS

Capital assets consist of the following:

	2006		
	Cost $	Accumulated amortization $	Net book value $
Furniture	260,105	127,138	132,967
Leasehold improvements	596,739	—	596,739
Equipment	61,764	10,294	51,470
Computer equipment	167,596	121,789	45,807
Computer software	842,122	14,036	828,086
	1,928,326	273,257	1,655,069

	2005		
	Cost $	Accumulated amortization $	Net book value $
Furniture	149,562	86,171	63,391
Leasehold improvements	179,506	103,828	75,678
Computer equipment	111,531	75,268	36,263
Computer software	732,314	—	732,314
	1,172,913	265,267	907,646

The continuity of the net book value of capital assets is as follows:

	2006 $	2005 $
Balance, beginning of year	907,646	238,575
Purchase of capital assets funded by deferred funding for capital assets	856,717	764,184
Purchase of capital assets internally funded	90,028	—
Amortization of capital assets	(199,322)	(95,113)
Balance, end of year	1,655,069	907,646

During the year, leasehold improvements with a net book value of $87,504 pertaining to the Network's old premises were written off, as the Network moved to a new head office location on March 31, 2006.

NOTES TO FINANCIAL STATEMENTS

March 31, 2006

4. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants received and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital asssets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2006 $	2005 $
Balance, beginning of year	**1,123,808**	238,575
Add contributions restricted for capital expenditures *[note 3]*	**746,910**	980,346
Less amortization of deferred funding for capital assets	**(188,090)**	(95,113)
Balance, end of year	**1,682,628**	1,123,808

As at March 31, 2006, there was $106,355 [2005 - $216,162] of unspent grants included in deferred funding for capital assets.

5. INTERFUND TRANSFER

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of $41,814 [2005 - $62,484] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of special projects during the year from the Board restricted net assets in the amount of $45,866 [2005 - $15,000] for a net transfer from Board restricted net assets to unrestricted net assets of $4,052 [2005 - from unrestricted net assets to Board restricted net assets of $47,484].

6. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Hospitals of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, final average earnings, contributory pension plan. HOOPP is accounted for as a defined contribution plan. The Network's contributions made to HOOPP during the year amounted to $450,353 [2005 - $347,402] and are included in salaries and employee benefits in the statement of operations. The most recent actuarial valuation of HOOPP as of December 31, 2003 indicates HOOPP is fully funded.

NOTES TO FINANCIAL STATEMENTS

March 31, 2006

7. UNRESTRICTED NET ASSETS

[a] The continuity of the components of unrestricted net assets is as follows:

	2006			2005
	Invested in capital assets $	Surplus (deficit) $	Total $	Total $
	[note 7[b]]			
Balance, beginning of year	—	**24,760**	**24,760**	4,987
Excess of revenue over expenses for the year	—	**24,835**	**24,835**	67,257
Net change in invested in capital assets *[note 7[c]]*	**78,796**	**(78,796)**	—	—
Interfund transfer	—	**4,052**	**4,052**	(47,484)
	78,796	**(25,149)**	**53,647**	24,760

[b] Invested in capital assets is calculated as follows:

	2006 $	2005 $
Capital assets, net	**1,655,069**	907,646
Amounts funded by deferred funding for capital assets	**(1,576,273)**	(907,646)
	78,796	—

[c] The net change in invested in capital assets is calculated as follows:

	2006 $	2005 $
Purchases of capital assets internally funded	**90,028**	—
Amortization of capital assets	**(199,322)**	(95,113)
Amortization of deferred funding for capital assets	**188,090**	95,113
	78,796	—

NOTES TO FINANCIAL STATEMENTS

March 31, 2006

8. LEASE COMMITMENTS

Future minimum annual payments over the next five years under operating leases for equipment and premises, excluding operating costs, are as follows:

	$
2007	248,112
2008	250,244
2009	203,528
2010	192,711
2011	187,335
2011	187,335

9. ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE

The operations of the Network are funded primarily by the Ontario Ministry of Health and Long-Term Care [the "Ministry"]. These financial statements reflect agreed-upon funding arrangements approved by the Ministry with respect to the year ended March 31, 2006. The total funding for each fiscal year is not finalized until the Ministry has reviewed the financial statements for that particular year. The Network considers that the amounts recorded reflect all proper adjustments. Adjustments resulting from the Ministry's review, if any, will be reflected in the statement of operations in the following year.

10. FINANCIAL INSTRUMENTS

The fair values of the Network's financial instruments are not significantly different from their carrying values, unless otherwise noted.

The Network mitigates its exposure to interest rate and credit risk by restricting its investments to high grade, low risk, guaranteed securities. The yield to January 31, 2007 on the short-term investment is guaranteed at 3.1%.

Appendix IV

Board of Directors as at March 31, 2006

Board of Directors	Appointed	Term Expires
Dr. Andrew Baker	March 5, 2001	December 4, 2007
Rabbi Reuven P. Bulka	December 1, 2004	November 30, 2006
Ms. Diane Craig	December 8, 2004	December 7, 2007
Mr. Brian M. Flood	March 5, 2001	December 4, 2006
Dr. David Grant	March 5, 2001	June 6, 2006
Dr. Diane Hebert	December 1, 2004	November 30, 2006
Ms. Beatrice Ip	December 8, 2004	December 7, 2006
Ms.Bernadette MacDonald	December 8, 2004	June 7, 2006
Mr. Arun K. Mathur, CA	December 8, 2004	December 7, 2006
Mr. Justin Brian Poy	December 1, 2004	November 30, 2007
Dr. Miriam Frances Rossi	December 1, 2004	November 30, 2007
Ms. Sue Wilson, ***Chair – Board of Directors***	March 5, 2001	June 7, 2006
Dr. Ray Wiss	December 1, 2004	May 30, 2006
Ms. May Ye Lee	December 8, 2004	December 7, 2006

Appendix V

TGLN Management Group as of March 31, 2006

Dr. Frank Markel, *President and Chief Executive Officer*

Dr. Cameron Guest, *Chief Medical Officer*

Mark Vimr, *Vice-President, Clinical Services and Chief Nursing Officer*

Versha Prakash, *Vice-President, Operations*

Fides Coloma, *Executive Lead, Policy, Planning and Quality Improvement*

Jennifer Tracey, *Director, Public Affairs and Communications*

Deborah Lanktree, *Director, Finance and Administration*

Frances Reinholdt, *Director, Provincial Resource Centre and Hospital Programs, GTA and Central Ontario Regions*

Rosemary Koen, *Director, Hospital Programs, North-East, Southwestern Ontario*

Clare Payne, *Director, Provincial Resource Centre*

Greg Kalyta, *Director, Information Systems*

Scott Skinner, *Family Services Advisor*

Lisa MacIssac, *Tissue Donation Advisor*

Maureen Connelly, *Living Donation Advisor*

Janice Beitel, *Professional Practice Leader*

In-Hospital Organ and Tissue Donation Coordinators

Stephanie Adams, *RN, BScN, University Health Network, Toronto*

Jennifer Berry, *RN, Hospital for Sick Children*

Ida Bevilacqua, *RN, BScN, Trillium Health Centre*

Grace Bogart, *RN, Sunnybrook and Women's College*

Sandi Gill, *RN, BScN (c), GTA, Central-West*

Nancy Glover, *RN, Niagara - Haldimand*

Delayne Haasz, *RN, BA (CHC), GTA, Central*

Gail Anne Harris, *RN, Kingston General Hospital*

Nancy Hemrica, *RN, Hamilton Health Sciences*

Cynthia Isenor, *RN, BScN, St Michael's Hospital*

Pam Kennedy, *RN, BScN, Sudbury Regional Hospital*

Jeff Kilbreath, *RN, BscN, Children's Hospital of Eastern Ontario*

Anne Lester, *RN, Ottawa Hospital*

Sandra Petzel, *RN, Thunder Bay Regional Health Sciences Centre*

Catharine Ritter, *RN, BScN, Simcoe Muskoka*

Barbara Van Rassel, *RN, BScN, London Health Sciences Centre*

Judy Wells, *RN, Waterloo – Wellington*

Raettie White, *RN, Hôtel Dieu Grace Hospital*

Marilyn Windrim, *RN, BScN, Oshawa-Peterborough*

Provincial Resource Centre Coordinators

Sabrina Chung, *RN, Clinical Services Coordinator*

David Colpitts, *BSc., M.Div., Senior Clinical Services Coordinator*

Suzanne Dove, *RN, Clinical Services Coordinator*

Kim Gromadzki, *RN, BScN, Tissue Donation Specialist*

Diana Hallett, *RN, BScN (c), Clinical Services Coordinator*

Joleen Hammond, *RN, Clinical Services Coordinator*

Susan Lavery, *RN, BScN (c), Clinical Services Coordinator*

Victoria Leist, *RN, Clinical Services Coordinator*

Shane MacGregor, *RN, Clinical Services Coordinator*

Cailin MacLeod, *RN ,BScN (c), Clinical Services Coordinator*

Cara Noble, *RN, BScN, MSN (c), Clinical Services Coordinator*

Michael Garrels, *RN, BScN (c), Clinical Services Coordinator*

Appendix VI

A Facilities: Hospitals with Trauma & Neurological Services

Children's Hospital of Eastern Ontario
Hamilton Health Sciences Centre (3 sites)
Hopital Regional de Sudbury Regional Hospital
Hospital for Sick Children
Hotel Dieu Grace Hospital
Kingston General Hospita
London Health Sciences Centre (3 sites)
Ottawa Hospital (2 sites)
St. Michael's Hospital
Sunnybrook & Women's College
Thunder Bay Regional Health Sciences Centre
Trillium Health Centre
UHN-Toronto Western, Toronto General

Appendix VII

B Facilities: Non-A. Hospitals which can Facilitate Organ Donation process

Bluewater Health-Sarnia General
Brantford General Hospital
Brockville General Hospital
Cambridge Memorial Hospital
Campbellford Memorial Hospital
Collingwood General & Marine Hospital
Cornwall General Hospital
Credit Valley Hospital
Dryden Regional Health Centre
Grand River Hospital Corp
Grey Bruce Health Services- Owen Sound
Guelph General Hospital
Halton Health Care-Oakville Site
Hawkesbury & District General Hospital
Headwaters Health Care
Hopital Montfort
Hotel Dieu Hospital
Hotel Dieu Hospital
Humber River Regional- Humber Memorial
Humber River Regional-York-Finch
Huntsville District Memorial Hospital
Huronia District Hospital
Joseph Brant Memorial Hospital
Kirkland Lake & District Hospital
Lake of The Woods
Lakeridge Health Care Corp-Bowmanville Site
Lakeridge Health Care Corp-Oshawa Site
Leamington District Memorial
Lennox & Addington County General
Markham-Stouffville
Mt. Sinai
Niagara Health System - Greater Niagara Site
Niagara Health System - St. Catherine's General
Niagara Health System - Welland
Niagara Health System- Port Colborne
Norfolk General Hospital
North Bay General Hospital: Civic/St. Joseph
North York General
Northumberland Health Care Corp
Peterborough Regional Health Centre
Public General Hospital Society
Queensway Carleton Hospital
Quinte Health Care Corporation- Belleville Site
Quinte Health Care Corporation- Trenton Site
Riverside Health Care Facilities
Ross Memorial Hospital

Appendix VI Continued

B Facilities: Non-A. Hospitals which can Facilitate Organ Donation process

Rouge Valley Health System-Ajax-Pickering
Rouge Valley Health System-Centenary
Royal Victoria Hospital
Sault Ste Marie Area Hospital
Scarborough Hospital-General Division
Scarborough Hospital-Grace Division
Soldier's Memorial Hospital
Southlake Regional
St Thomas Elgin General Hospital
St. Joseph's General Hospital
St. Joseph's Health Care
St. Joseph's Health Care System
St. Joseph's Health Centre
St. Mary's Hospital
Stratford General Hospital
Strathroy Middlesex General Hospital
Sydenham District Hospital
Tillsonburg District Hospital
Timmins & District Hospital
Toronto East General
University of Ottawa Heart Institute
West Lincoln Memorial Hospital
West Nipissing General Hospital
West Parry Sound Health Centre
William Osler Health Centre- Etiboicoke General
William Osler Health Centre- Peel Memorial
Windsor Regional Hospital- Metropolitan Site
Woodstock General Hospital
York Central

Mandate

Trillium Gift of Life Network is an operational service agency of the Government of Ontario reporting through the Minister of Health and Long-Term Care.

Its formal mandate is constituted by way of the legislation of Trillium Gift of Life Act, while ongoing accountabilities and reporting requirements are contained in a Memorandum of Understanding between TGLN and the Ministry of Health and Long- Term Care.

The overall mandate of TGLN is defined by the following nine principles outlined in the Act:

1. To plan, promote, coordinate and support activities relating to the donation of tissue for transplant as well as activities related to education and research in connection with the donation of tissue

2. To establish and manage waiting lists for the transplantation of tissue as well as a system to allocate fairly tissue that becomes available

3. To coordinate and support the work of designed facilities in connection with the donation and transplantation of tissue

4. To manage the procurement, distribution and delivery of tissue

5. To facilitate the provision of information and to make reasonable efforts ensuring that patients and their families have appropriate information and opportunities to consider whether to consent to the donation of tissue

6. To provide education to the public and the health-care community about matters relating to the donation and use of tissue and to facilitate the provision of such education by others.

7. To collect, analyze and relay to the public information relating to the donation and use of tissue

8. To advise the Minister on matters relating to the donation of tissue

9. To perform other research and services as the Ministry may direct

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